

## [CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form - June 2024]

Form of N	Omination for D	eath Insurance for C			
I.M. Roman		eath insurance for (	TC Employees		
I <u>M. Roman</u> CNIC # <u>21203-9064</u>	S/	d/w/o Noor	Sat Kheren	bearing	
CNIC # 2120 3 - 90 6 4 nominate the person/ pe	808-9	_working as	01-141	1	
nominate the person/ perbeneficiary (ies) to receive the	ersons mentioned	below who is/ are	member(à) of	hereby	
beneficiary(ies) to receive th	ne death insurance	amount (sum assured)	in the exercise of	my family as	
	() • ();		) in the event of m	ry death.	
Nome of NI	(F)	irst choice)			
Name of Nominee/	Relationship	Specification of Sha	270		
Nominees		1 STATE OF OTHER	Conta	ct Number	
Mana Ct 1-1	2 -				
Noor Sal Khen	Lather	1004.	02 00 0	2	
			0300 9	000 586	
	(7)			•,	
,	(In case of death o	f first choice) - 2nd Opt	ion		
Name of Nominee/	The second				
Nominees	Relationship	Specification of Share	e Contact	Number	
	1 1 1 - 1				
ffays eep	Brollar	100 %			
			0302 86	191 -130.	
**					
I hereby certified that the abo	ve noted member (	Of my fam 17			
me.		of my family mention	ned are wholly de	pendent upon	
The				_	
The earlier nomination made	by me (if any) may	v kindly he treated as			
*		really be treated as o	cancelled and of n	o effect	
•				.5	
				, i	
DATED:		SIGNATURE OR	THUMB IMPRE	SSION OF	
		THE EMPLOYEE			
419/2024		(D)			
			- and		
4					